PTO/SB/06 (08-Ø)

Approved for use through 7/31/2006. OMB 0651-002
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|   | PA   | TENT APP                                  | ICATI       | ON EEE DE                                   | required to respon | U.S. Patent and to a collection of | information u                                    | mess it dis       | DEPARTMENT  plays a valid OM          | B control num   |  |
|---|--|---|-------------|---|--------------------|------------------------------------|--|-------------------|---------------------------------------|-----------------|--|
|   | PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875 |   |             |   |                    |                                    | ·<br>  | Appli<br><b>9</b> | Application or Docket Number 91923834 |                 |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                            |  |   |             |   |                    | SMAI                               | L ENTITY   | OR                |                                       | ER THAN         |  |
| FOR NUMBER FILED NUMBER EXTRA   |  |   |             |   | 7                  | 1                                  |  | SIVIAL            | L ENTITY                              |                 |  |
|   | SIC FEE<br>CFR 1.16(a))  |   | NOWBERTIEED |   | MBER EXTRA         | RATE                               | 395  | -                 | RATE                                  | FEE             |  |
| (37   | TAL CLAIMS<br>CFR 1.16(c))                                       |   | minus       | 20 = -                                      |                    | × s 25 =                           |  | OR                | × s <u>50</u> =                       | \$790           |  |
|   | DEPENDENT CLA<br>CFR 1.16(b))                                    | IMS                                       | minus 3 =   |   |                    | × \$100 =                          |  | OR                | × \$200 =                             | <del> </del>    |  |
| MU  | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                |   |             |   |                    | + \$180 =                          | <del> </del>                                     | OR<br>OR          |                                       |                 |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2. |  |   |             |   |                    | TOTAL                              | <del>                                     </del> | 7                 | + \$ 360=                             | <del> </del>    |  |
|   |  | LAIMS AS A                                |             |   |                    | 101/12                             | <u> </u>   | OR                | TOTAL                                 | L               |  |
| ır  | 127.05   |   |             |   |                    |                                    |  | 0.0               | OTHE                                  | R THAN          |  |
|   | 1  | (Column 1)                                | <del></del> | (Column 2)<br>HIGHEST                       | (Column 3)         | SMALL                              | ENTITY   | OR                |                                       | ENTITY          |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           | 1           | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA   | RATE                               | ADDI-<br>TIONAL<br>FEE                           |                   | RATE                                  | ADDI-<br>TIONAL |  |
|   | Total<br>(37 CFR 1.16(c))  | 50  | Minus       |   | - 2                | × <b>3</b> 25 =                    |  | OR                | x s 50 =                              | 100             |  |
|   | Independent<br>(37 CFR 1,16(b))                                  | 6   | Minus       | "8  | =                  | × s 100 =                          |  | OR                | x s 200=                              | 700             |  |
|   | FIRST PRESENT  | ATION OF MULTIF                           | LE DEPEN    | DENT CLAIM (37 (                            | CFR 1.16(d))       | + 5/80 =                           |  | OR                | +5360=                                |                 |  |
|   |  |   |             |   |                    | TOTAL<br>ADD'L FEE                 |  | OR                | TOTAL<br>ADD C                        | 100             |  |
|   |  | (Column 1)                                |             | (Column 2)                                  | (Column 3)         |                                    |  |                   | pur                                   | 100             |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE                               | ADDI-<br>TIONAL                                  |                   | RATE                                  | ADDI-<br>TIONAL |  |
|   | Total<br>(37 CFR 1.16(c))  | •   | Minus       | ••  | = .                | x,25=                              | FEE  |                   | × 5 <u>5</u> 0 =                      | FEE .           |  |
|   | Independent<br>(37 CFR 1.16(b))                                  | •   | Minus       | ***   | -                  | × s_100 =                          |  | OR<br>OR          | × \$ 200=                             |                 |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |   |             |   |                    | + \$ 180=                          |  | OR                | + \$360=                              | <del></del>     |  |
|   |  |   |             |   |                    | TOTAL<br>ADD'L FEE                 |  | OR                | TOTAL<br>ADD'L FEE                    |                 |  |
|   |  | (Column 1)                                |             | (Column 2)                                  | (Column 3)         |                                    |  |                   | VOD T LEE                             |                 |  |
| ┋┞  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE                               | ADDI-<br>TIONAL                                  |                   | RATE                                  | ADDI-<br>TIONAL |  |
|   | Total<br>(37 CFR 1.16(c))  | *   | Minus       | **  | 72                 | × s <u>25</u> =                    | FEE  | . }               | 57                                    | FEE             |  |
|   | Independent<br>(37 CFR 1.16(b))                                  | •   | Minus       | ***   | =                  | x s100 =                           |  | OR                | × \$ <u>50</u> =                      | <del></del>     |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |   |             |   |                    | + s180 =                           |  | Γ                 | x s <u>200</u> =                      | •               |  |
|   |  |   |             |   |                    | TOTAL<br>ADD'L FEE                 |  | OR L              | + \$360= TOTAL<br>ADD'L FEE           | <del></del>     |  |
| •   | If the entry in col<br>If the "Highest No<br>f the "Highest No   | umber Previously                          | n the entry | in column 2, write                          | e "0" in column 3. | _                                  |  |                   |                                       |                 |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.